

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Brevard Community College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 1519 Clearlake Road, Cocoa, FL 32922

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** James Richey

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
1519 Clearlake Road, Cocoa, FL 32922

Telephone Number of Designated Agent: (321) 433-7024

Facsimile Number of Designated Agent: (321) 433-7005

Email Address of Designated Agent: richeyj@brevardcc.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 5/19 /2009

Typed or Printed Name and Title: James Richey
Vice President for Business & Finance / General Counsel

MAILED 07 01 - 2009

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

